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Vaginal delineation and occluding device

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suggested, I have not cancelled the old embodiments and have retained the corresponding claims and drawings in the file. I have also corrected the text in order to correspond to the drawings and have added two new sheets of drawings. Drawing No.7 demonstrates the tilting of the solid ring of the first and second embodiment and drawing No 8 demonstrates the change of the distance between the solid ring and the base of the vaginal delineation and occluding device, when the four legs are telescopic, spring loaded and a pressure is applied on the solid ring.

BACKGROUND OF THE INVENTION

Field of the invention

The present invention relates generally to a medical device. More particularly the present

invention relates to a vaginal occlusion and self-adjusting delineation attachment for use with the uterine mobilizer.

Background Art

Hysterectomy is a gynaecological surgical procedure for removal of the uterus, partially or totally. There are different types of hysterectomies. Total abdominal hysterectomy (TAH), supracervical Hysterectomy (S.H.), vaginal hysterectomy, total laparoscopic hysterectomy (TLH), laparoscopically assisted vaginal hysterectomy (LAVH), laparoscopic supracervical hysterectomy (L.S.H.). TLH, L.S.H. and LAVH have become more popular among surgeons, because these approaches are less invasive, the patients have less pain and shorter hospital stay than after TAH and supracervical hysterectomy. Unless medical indications require TAH (such as in the case of tumour removal and the associated need to avoid cell spillage), vaginal, TLH and LAVH are usually viewed as more preferable because each is less invasive when compared to major abdominal surgery. Thus, TLH and LAVH approaches usually result in shorter hospitalization and recovery times.

Difficulties arise in TLH, however, in identification of the fornix of the vagina. Another technicality is leakage of carbon dioxide from the peritoneal cavity when the vagina is opened laparoscopically.

Another problem, not appropriately addressed in the prior art, is that human bodies vary considerably. Any vaginal insertion device for surgical procedures must, therefore, be adjustable. Such devices are, preferably, self-adjusting.